

(1) PLACE OF BIRTH

County of Spartanburg

Township of Woodruff

Inc. Town of

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53857

Registration District No. 4009

Registered No. 32

(For use of Local Registrar)

(2) Full Name of Child Nellie Mae Shebest

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Mar. 18, 1916
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME Shebest Lee Shebest

(14) NAME BEFORE MARRIAGE Mary Ann Coasters

(9) PRESENT POSTOFFICE OF FATHER Greenwood

(15) PRESENT POSTOFFICE OF MOTHER Moore S.C. P. 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

Spartanburg County

Spartanburg County

(13) OCCUPATION

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

191... Registrar

(27) Filed April 11, 1916 (28) Charles L. Boyter Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

REGISTRAR

LOCAL REGISTRAR

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FORM NO. 1. REVISED 1915. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF CHILD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF CHILD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF CHILD.